

U.S. Department of Justice  
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	<u>DONALD JAMES ANSON</u>	COURT CASE NUMBER	<u>1:07-CV-0035</u>
DEFENDANT	<u>UNITED STATES OF AMERICA</u>	TYPE OF PROCESS	<u>FEDERAL TORT CLAIM</u>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	<u>138 Delaware Ave. New York, N.Y. 14202</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	<u>1</u>
<u>DONALD ANSON 12332-055</u>		Number of parties to be served in this case	<u>2</u>
<u>F.C.I. LORETTO UNIT E</u>		Check for service on U.S.A.	<u>X</u>
<u>P.O. Box 1000</u>			
<u>LORETTO, PA. 15940</u>			

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Signature of Attorney or other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>55</u>	District to Serve No. <u>55</u>	Signature of Authorized USMS Deputy or Clerk <u>Neil M. Lehman</u>	Date <u>4/24/07</u>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>4/27/07</u>
	Time am pm
	Signature of U.S. Marshal or Deputy <u>Neil M. Lehman</u>

Service Fee <u>\$8.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <u>\$8.00</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Mailed 4/24/07 Received 4/27/07

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Attorney  
138 Delaware Ave.  
Buffalo, N.Y. 14202

07-CV-0035

2.

7006 2150 0004 0991 8693

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X V.T. Rose

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

V.T. Rose

C. Date of Delivery

9/25/07

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

